PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

CLAIMS AS FILED - PART I

Application or Docket Number

200313679-1

			(Column 1)		(Column 2)			TYPE		OR	OR SMALL ENTITY		
TOTAL CLAIMS			17					ŖATE	FEE]	RATE	FEE .	
FOR			NUMBER FILED		NUMBER EXTRA .			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			/7 minus 20=		• 0		li	XS 9=		OR	X\$18=	0	
IN	DEPENDENT C	LAIMS	3 m	inus 3 =	*) ·		X43=		OR	X86=	0	
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=	P	
• 11	the difference	in column 1 is	less than zero, enter "0" in column			column 2		TOTAL		OR	TOTAL	270	
	C	LAIMS AS A	MENDE	ENDED - PART II						OTHER THAN			
		(Column 1)	(Column 2) (Column 3)				٠.	SMALL	ENTITY	OR	OR SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 6	Minus	- 20		₽		X\$ 9=)	OR	X\$18=		
	Independent	NTATION OF MI	Minus	<u>5</u>	Cl A164	-0		X43=		OR	X86≈		
L	FIRST PRESE	NIATION OF MC	JLI IPLE DEI	ENDEN	CDAIM) [+145=		OR	+290=		
			•		•	•	. L	TOTAL ODIT. FEE	1	OR	TOTAL ADDIT, FEE	· Y	
	•												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• .	Minus	**		-] [X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=	lf	X43=	•	OR	X86=	,	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT (CLAIM		1	+145=		OR	+290=		
								TOTAL DOIT, FEE	•	OR	TOTAL ADDIT, FEE		
	•	(Calumn 4)		(Cal		(Calorea 2)	^	DDI I. PEE	•				
	_	(Column 1) CLAIMS		(Cotum HIGHE		(Column 3)	1 -	 					
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBI PREVIOU PAID FI	ER JSLY	PRESENT EXTRA		RATE	ADDI: TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=		X43=			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
~	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **OPA ADDIT. FEE												
•	The Highest Nur	ber Previously Pai	For (Total or	Independen	it) is the	highest numbe	r foun	id in the app	ropriate box	in col	mn 1.	· [